

2015 Benefit Costs for Part-time Transit Operators



King County

Benefits, Payroll and
Retirement Operations

Unless you're a part-time transit operator eligible for the Full Benefits Plan, you are eligible for the Partial Benefits Plan, in which you have the option to pay for medical, dental and vision coverage. If you purchase medical coverage, you receive county-paid basic life insurance, basic accidental death and dismemberment (AD&D) insurance and basic long-term disability (LTD) insurance and may also purchase dental coverage and supplemental life insurance, supplemental AD&D insurance and supplemental LTD insurance. You may purchase vision coverage for yourself without purchasing medical insurance. The 2015 rates for this coverage are shown below.

Medical

Monthly premiums	You only	You + spouse/ domestic partner	You + child	You + spouse/ domestic partner + child
KingCareSM Gold (Regence) 2015 (\$512.79 paid by county) 2014 (\$436.18 paid by county)	\$ 284.73 \$ 242.20	\$ 1,091.20 \$ 923.75	\$ 928.22 \$ 789.44	\$ 1,734.69 \$ 1,470.99
KingCareSM Silver (Regence) 2015 (\$475.20 paid by county) 2014 (\$404.20 paid by county)				
KingCareSM Bronze (Regence) 2015 (\$456.65 paid by county) 2014 (\$388.42 paid by county)				
SmartCare Connect Gold (Group Health) 2015 (\$432.52 paid by county) 2014 (\$424.37 paid by county)	\$ 106.75 \$ 104.85	\$ 640.50 \$ 629.10	\$ 533.75 \$ 524.25	\$ 1,067.51 \$ 1,048.49
SmartCare Connect Silver (Group Health) 2015 (\$418.67 paid by county) 2014 (\$410.78 paid by county)				
SmartCare Connect Bronze (Group Health) 2015 (\$405.65 paid by county) 2014 (\$397.99 paid by county)				

Dental

Monthly premiums	You only	You + spouse/ domestic partner	You + child	You + spouse/ domestic partner + child
Delta Dental of Washington 2015 (\$32.05 paid by county) 2014 (\$32.05 paid by county)	\$ 32.04 \$ 32.04	\$ 96.13 \$ 96.13	\$ 83.32 \$ 83.32	\$ 147.41 \$ 147.41

Vision

Monthly premiums	You only	You + spouse/ domestic partner	You + child	You + spouse/ domestic partner + child
Vision Service Plan				
2015 (\$6.23 paid by county)	\$ 6.22	\$ 18.67	\$ 16.18	\$ 28.63
2014 (\$6.23 paid by county)	\$ 6.22	\$ 18.67	\$ 16.18	\$ 28.63

Supplemental life insurance

Age	Monthly cost per \$25,000 supplemental life for you	Monthly cost per \$25,000 supplemental life for your spouse/domestic partner	Calculate your total monthly cost for supplemental life
Under 25	\$ 0.700	\$ 1.500	Enter cost/\$25,000 for your age here 1. \$ _____
25-29	\$ 0.850	\$ 1.800	Enter 1 for \$25,000 for yourself here Enter 2 for \$50,000 for yourself here Enter 3 for \$75,000 for yourself here Enter 4 for \$100,000 BAS for yourself here 2. _____
30-39	\$ 1.175	\$ 2.425	Multiply line 1 by line 2 and enter the answer here 3. \$ _____
40-44	\$ 1.475	\$ 3.050	If you elect supplemental life for your spouse/ domestic partner, enter 0.5 here; if not, enter 0 4. _____
45-49	\$ 2.350	\$ 4.850	Multiply line 2 by line 4 and enter the answer here 5. _____
50-54	\$ 4.050	\$ 8.500	Enter the rate of supplemental life/\$25,000 for your age (not your spouse/domestic partner's age) from the third column here 6. \$ _____
55-59	\$ 7.225	\$ 15.225	Multiply line 5 by line 6 and enter the answer here 7. \$ _____
60-64	\$ 9.625	\$ 20.000	If you elect supplemental life for children, enter \$0.901 here; if not, enter 0 8. \$ _____
65-69	\$ 16.450	\$ 34.350	Add lines 3, 7 and 8 for your estimated total monthly cost here 9. \$ _____
70+	\$ 26.725	\$ 55.725	

Supplemental accidental death and dismemberment (AD&D) insurance

If you elect this supplemental amount ...	Monthly cost for you	Monthly cost to cover your spouse/domestic partner at 50% of your amount	Monthly cost to cover your spouse/domestic partner at 100% of your amount	Monthly cost to cover all your children at 10% of your amount
\$ 50,000	\$.85	\$.43	\$.85	\$.25
\$ 100,000	\$ 1.70	\$.85	\$ 1.70	\$.50
\$ 150,000	\$ 2.55	\$ 1.28	\$ 2.55	\$.75
\$ 200,000	\$ 3.40	\$ 1.70	\$ 3.40	\$ 1.00
\$ 250,000	\$ 4.25	\$ 2.13	\$ 4.25	\$ 1.25
\$ 300,000	\$ 5.10	\$ 2.55	\$ 5.10	\$ 1.50
\$ 350,000	\$ 5.95	\$ 2.98	\$ 5.95	\$ 1.75
\$ 400,000	\$ 6.80	\$ 3.40	\$ 6.80	\$ 2.00
\$ 450,000	\$ 7.65	\$ 3.83	\$ 7.65	\$ 2.25
\$ 500,000	\$ 8.50	\$ 4.25	\$ 8.50	\$ 2.50

Supplemental long-term disability (LTD) insurance = \$5.50 per month